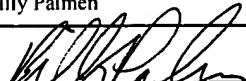



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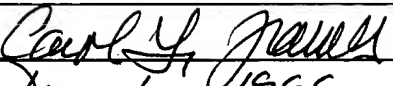
Typed or Printed Name	Billy Palmen		
Signature		Date	December 1, 1999


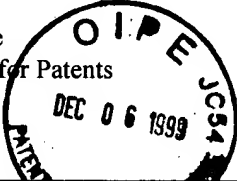
<p align="center">TRANSMITTAL FORM</p> <p align="center"><i>(to be used for all correspondence after initial filing)</i></p> 	Attorney Docket	DURE-021
	First Named Inventor	Arenberg, et al. RECEIVED
	Application Number	09/205,251 DEC 08 1999
	Filing Date	December 4, 1998
	Group Art Unit	3734 Group 3700
	Examiner Name	unassigned
	Title	Controlled Release System for Delivering Therapeutic Agents into the Inner Ear

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Fourth Supplemental Information Disclosure Statement, 1449 and 11 cited references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Issue Fee Transmittal (with copy of PTOL-85B) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Revocation <input type="checkbox"/> Associate <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Return Postcard _____ _____
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Carol L. Francis	Registration No.	36,513
Firm Name	BOZICEVIC, FIELD & FRANCIS LLP		
Signature			
Date	Dec. 1, 1999		

CERTIFICATE OF MAILING			
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Typed or Printed Name	Billy Palmen		
Signature		Date	December 1, 1999
FOURTH SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT Address to: Box Non Fee Assistant Commissioner for Patents Washington, D.C. 20231 		Attorney Docket	DURE-021
		First Named Inventor	Arenberg, et al.
		Application Number	09/205,251
		Filing Date	December 4, 1998
		Group Art Unit	3734
		Examiner Name	unassigned
		Title	<i>Controlled Release System for Delivering Therapeutic Agents into the Inner Ear</i>

RECEIVED
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Group 3700

Sir:

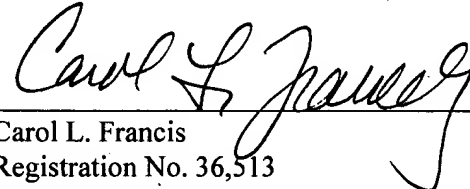
This is a Supplemental Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-1449 listing the references accompanies this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Supplemental Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Supplemental Information Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815 may be charged therefor.

Respectfully submitted,
 BOZICEVIC, FIELD & FRANCIS LLP

Date: Dec. 1, 1999

By: 
 Carol L. Francis
 Registration No. 36,513

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